

## Article

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# *The Future of Professional Monopolies*

**Gilles Dussault**

*This paper discusses the future of professional groups in terms of their capacity to retain their dominant position in the division of labour and their monopolistic privileges in the production system. The sociological literature is briefly reviewed and then it is argued that recent changes within the professions as well as in the context in which they operate, may affect their capacity to retain their present privileges.*

In this paper, I discuss the future of professions from a sociological point of view. The word 'profession' is one of those umbrella-terms which are difficult to define, (Freidson, 1983) and here I avoid the problem of defining what a 'profession' is by limiting the discussion to occupational groups, like doctors, dentists, lawyers or accountants, which have a legal monopoly of the production of certain goods and services. These, according to Weber, are 'legally privileged groups' of producers (Berlant, 1975), which I will call 'professional monopolies'.

My objective is to assess whether the position of these groups of producers in the social structure is likely to change in the near future. Like most social scientists, I am hesitant at engaging in any form of forecasting; nonetheless, it is a worth-while exercise because it is the best way to test our theories. My aim is not to merely speculate on the future of professions but to identify some of the trends that are most likely to affect their development in countries like Australia, Britain, Canada and the United States where professional monopolies have existed for more than a century now.

The study of professional monopolies is important for a number of reasons. First, they occupy strategic positions in the social division of

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•• This paper was written during my stay in the Department of Economics (Labour Studies Programme) at the University of Melbourne, Australia. I am particularly grateful to Gerry Griffin and John Nieuwenhuysen for their hospitality.

labour. Their legal privileges usually entail the control of a work territory and self-regulation. Their position is one of 'structural dominance' (Freidson, 1970 b): they control the activities of other occupations without, in turn, being submitted to any external control. Their position gives them much power to determine who will do what in the area of production which they claim as their legitimate province. Doctors, for example, are in the legal position to dominate the work structure in health services by virtue of their exclusive right to diagnose disease and to prescribe treatment. This position has given them the capacity to subordinate most of the occupations which have emerged in this area of work and to check to a considerable extent the competition of occupations which claimed to offer services that could be substituted for those of doctors<sup>1</sup>.

The professions' influence on the organisation of social life has been considerable since the end of the last century. As Everett Huges once observed: «every profession considers itself as the proper body to set the terms in which some aspect of society, life or nature is to be thought of and to define the general lines, even the details of public policy concerning it» (Huges, 1971, p. 364). The role of professions as pressure groups is well documented (Eckstein, 1960; Gilb, 1966).

From an economic point of view, the professions are also worthy of attention. First, they have gained privileges which have generally been refused to other occupations, like the exclusive right to produce certain goods and services and the right to regulate themselves. They were also allowed to restrict competition between their members through mechanisms such as the prohibition of advertising, schedules of fees and ethical regulations. The success of professions in obtaining such privileges has yet to be clearly accounted for, especially how it was achieved at a time (late 19th century / early 20th century) when liberal and anti-monopoly ideologies were dominant.

Secondly, professions absorb great amounts of financial resources in western societies. For one thing, professionnals are among the highest paid workers. For example, Nieuwenhuysen and Williams-Wynn (1982) have estimated that in 1976-77, 2.5% of national expenditure was absorbed by four professions in Australia: doctors, dentists, engineers and accountants. In addition to fees and salaries and other income paid to them, substantial public resources are spent to subsidize the training of professionals and the facilities which they use to produce their services. In some cases, like medicine and dentistry, public insurance or subsidized private insurance schemes help consumers to purchase professional services thus giving pro-

<sup>1</sup> For example, the exclusion of chiropractors by doctors, in Australia, is well documented: see WILLIS, 1983, Chapter 7.

professionals a security of income which is unrivalled among self-employed workers. In Québec, for example, during 1982 an average of \$65,847 (can.) per practitioner was paid out of public funds to doctors and \$42,831 (can.) to dentists for their services (Régie de l'assurance-maladie du Québec, 1983, pp. 76 and 183) and yet doctors and dentists retain all the privileges associated with the private practice of medicine and dentistry.

In order to address the issue of the future of professions, I must first expose the foundations of their present privileged position. I will draw on the relevant sociological literature to identify the factors which enabled professional groups to attain and maintain their special position in the division of labour. Then I will argue that endogenous factors, such as internal segmentation and overcrowding, and exogenous factors, such as consumerism, technological innovation and state intervention, are likely to bring about a radical transformation of the status of professions in modern societies.

## THE SOCIOLOGICAL ANALYSIS OF PROFESSIONALISM

The rise of some occupations to the status of professions has been widely investigated by sociologists since Parsons drew their attention to the role of professions in society in his seminal essay *The Professions and Social Structure* (1939). Parsons argued that the professions played an important social role in providing services essential to the functioning of society, hence their special status and privileges. His views were expanded by a number of functionalist sociologists who tried to explain the special position of professions by their distinctive 'traits' or attributes: their esoteric knowledge base, their university training, their commitment to ethical regulations, to name but a few. This 'taxonomic approach' (Klegon, 1978) dominated the sociology of professions until the late 1960's when it became criticized as ahistorical, value — laden (Jackson, 1970, Johnson, 1972), ill — supported by empirical evidence (Roth, 1974) and as merely reproducing the professions' ideological discourse and definitions of themselves (Benguigi, 1972; McKinlay, 1977). Typically, professions present themselves as «politically and ideologically neutral groups whose decisions are of «technical» nature and whose sole purpose is to offer important services which society needs, as efficiently as possible» (Gyarmati, 1975, p. 650). This 'doctrine' and the functionalist sociology which accepted it have little, if any, currency among sociologists nowadays.

Two rival explanations of the particular status of professions now dominate the sociological literature (Sacks, 1983). The first one, the neo-weberian approach, presents the emergence of professions as the outcome

of a process of 'social closure'. The second one is the marxist approach which attributes the professions' privileges to their role in the reproduction of capital.

### **The Neo-Weberian Approach**

By social closure, Weber meant «the process by which social collectivities seek to maximize rewards by restricting access to resources and opportunities to a limited circle of eligibles» (Parkin, 1979, p. 44). In the case of occupations, the process is one of monopolization of work opportunities. Occupational closure is achieved by excluding outsiders. Typically, credentials in the form of formal qualifications have been used to restrict access to certain work practices. Credentialism, however, can be effective as an exclusionary mechanism only if it is legally enforceable. In the end, the power to close an occupational territory does not belong to the professionalizing group but to the State, which is the ultimate source of monopoly privileges. Hence the efforts of professional associations to seek State support in the form of restrictive legislation or otherwise.

Freidson has argued that such political support is more likely to be gained by those groups which have «the protection and patronage of some elite segment of society which has been persuaded that there is some value in their work» (Freidson, 1970 A, p. 72). Berlant develops a similar argument: «to the degree that there is a favorable constellation of interests between the profession and elite groups, the collective interests of the profession can be furthered through progressive monopolization» (Berlant, 1975, p. 306). Others have emphasized the role of professional associations as pressure groups in raising the status of professions (Gilb, 1966; Kronus, 1976). Also, the credibility of a profession's claims is said to be related to that of its body of knowledge and to the alleged effectiveness of its services. Larson suggests that the more scientific an occupation's cognitive base, the better its chances of achieving closure (Larson, 1977). Empirical evidence shows that it is the existence of a structured cognitive base more than its validity that helps to advance a profession's claims to social recognition (Dussault and Sheiham, 1982).

Legal closure, in the form of registration, licensure or otherwise, provides members of an occupation with significant competitive advantages over outsiders. These include the protection of the law, an aura of legitimacy and privileged access to financial, administrative and political resources such as government and private insurance schemes, seats on advisory bodies, priority of employment in public positions.

Most present-day professional monopolies were formed in the 19th century or early 20th century, when health, law or accounting were little specialised. Their competitive edge became institutionalized — and therefore strengthened — before groups of potential competitors emerged and engaged in usurpatory tactics and started «biting into the resources and benefits accruing to dominant groups» (Parkin, 1979, p. 74). Competitors, virtual and actual, were dealt with in different ways. Some were denied recognition and either disappeared altogether, like dental dressers in England (Larkin, 1980; Dussault, 1981) or carried on their practice illegally, like chiropractors (Willis, 1983). Others were granted a limited right of practice confined to the performance of certain tasks: this is the case of optometrists in Australia and Canada who can diagnose vision problems but are not allowed to treat them by surgery or chemotherapy. Finally, most occupations which emerged in the areas of production already dominated by professions like medicine, dentistry, law, accounting, were subordinated to the latter and now work under their control: such is the position of nurses, radiographers, dental hygienists, para-legal workers in the United States, or registered industrial accountants in Québec (Canada).

In sum, advocates of the neo-weberian approach reject the functionalist view that some occupations have become professions only by virtue of their distinctive attributes. Rather, they emphasize that professional monopolies are the outcome of a political process through which State support is obtained, exclusion of competitors legally enforced and, consequently, a niche in the market place secured.

### **The Marxist Approach**

Marxist writers reject this perspective as too limitative. The status of professions is best understood, they argue, if their role in the capitalist process of production is exposed. Writing about medicine, McKinlay says that 'understanding' the magnitude of the forces behind and now present in the House of Medicine, the logic they impose on this particular economic sector provides the «analytical key» for understanding the position of physicians and other health workers in that area of production' (McKinlay, 1977, p. 464). Those forces are the State and the financial and industrial multinational corporations which have an interest «to ensure that medical care, as an area of investment, remains conducive to the realization of profit». The dominant position of doctors is thus explained by their contribution to the production of profit.

This argument is developed by Johnson who is the best known exponent of the marxist analysis of professionalism. He describes the capitalist

mode of production as a dual process: the creation of real value, which is the 'labour process' and the production of surplus value, which is a process specific to capitalism. The latter is a process of exploitation entailing «control and surveillance activities designed to ensure that surplus value is appropriated, realized and the means of its production reproduced» (Johnson, 1977, p. 106). Professions derive their privileged status from their contribution to this process, or in Johnson's terms, to the global function of capital. He singles out accountancy, for obvious reasons, and medicine, for its contribution to the 'reproduction of labour power' as illustrations of his argument.

The marxist literature on the professions, which Johnson's works exemplify, has been criticized for its lack of empirical rigour. The neo-weberian approach does not fare better, if we except some recent attempts to test its theoretical statements (Larkin, 1983; Willis, 1983). As one critic noted: «herein lies the central problem of the history of the sociology of the professions in the Anglo-American context. One conventional wisdom has simply been allowed to succeed another without either being subjected to adequate empirical research or even, in some cases, leading to the satisfactory formulation of problems for empirical inquiry» (Sacks, 1983, p. 17).

My own research on the professionalization of dentistry in Britain, Canada and Australia suggests that a neo-weberian approach better accounts for the complexity of the process of professionalization (Dussault, 1981). The argument that dentistry has become a profession because it contributed to the reproduction of labour power (i.e. keeping people at work) or to the production of profit is a simplification. In a country like Canada, dentists — as well as doctors and lawyers — gained their professional privileges *before* capitalist development took place on any large scale. Also, although it is documented that dentists campaigned for professional closure on the argument that their services contributed to raising the productivity of the workers and to 'national efficiency' in general (Dussault and Sheiham, 1982), their monopolistic claims were generally opposed by the State and by the capitalists. What the marxist approach does not explain is why the capitalist State seems to be prepared to accept the enormous cost of dental disease in terms of expenditure on treatment and loss of working days (Sheiham and Roogh, 1981).

Logically, it would be more profitable to have an army of cheap auxiliaries dealing with disease and pain as it occurs so as to prevent absence from work rather than to rely on a limited circle of highly trained experts whose services can be afforded by a minority only. It can be argued that the recognition of professional monopolies in medicine and health, far from

being a reward to doctors and dentists for their contribution to the reproduction of labour power, actually limits this contribution by allowing them to engage in restrictive practices.

### **The Reproduction of Professions**

At this point, I propose to leave the issue of how some occupations emerged as professions and concentrate on that of how they retain their monopoly privileges. I suggest that to keep their professional status, they need the support of 1) powerful and credible associations acting as pressure groups; 2) a clientele; 3) influential social groups and institutions and; 4) the State. In other words, any loss of support from either of these sources should lead to a weakening of professional monopolies.

Professional associations are the main agents in the process of creating professional monopolies. Milton Friedman once noted that it is significant that consumers have never campaigned for the formation of professional monopolies which are said to be so much in their interest (Friedman, 1962). Indeed, historically, professionalization campaigns have always been led by members of the would-be profession; their success varied according to the number and type of members recruited, their representativity, their financial capacity and their ability to formulate and diffuse acceptable justifications for their claims and to act as a pressure group.

The patronage of a clientele is essential to gain and then to keep professional privileges. If clients are not convinced that the goods and services produced by the members of a profession meet their needs and that there are acceptable substitutes, it is difficult to see how a profession can survive. That is why professionals emphasize the exclusivity of their expertise and the dangers, for the public, of allowing anyone but themselves to deal with certain matters.

The support of a clientele, although a necessary pre-requisite, is not sufficient to achieve professional status, as shown by the example of chiropractors. Chiropractic has been well patronized for many decades but it is only in the 1970's that legal recognition was achieved. Before, it lacked the support of social groups and institutions, like consumers' associations, universities, insurance companies, that would have given credibility to its claims.

Finally, since it is the State which grants and can repeal professional privileges, its support is determinant.



## **SOCIAL CHANGE AND THE PROFESSIONS**

I submit that changes are occurring at each of these four levels; these changes are a potential threat to the existence of professional monopolies. They erode the professions' capacity to maintain their position of dominance and to retain their exclusive control of the production of certain services. These changes are both of exogeneous and endogeneous nature.

### **The Growth of Consumerism**

Challenges from outside include: the emergence of consumerism, technological change, the 'revolt of subordinates' and the growth of State regulation. Consumers of professional services are now better informed, and often less compliant, than they ever were. This is the result of better education, and of more information spread by the professionals themselves or by consumers' associations, in the form of periodicals, pamphlets or do-it-yourself books. Self-help groups now proliferate in health and legal services in particular. A World Health Organization (WHO) survey shows that in the United States, at the beginning of the 1980's, there were self-help groups formed around more than 200 diseases with a membership of nearly 15,000,000. Self-help groups have also flourished in Britain, France and Germany (WHO, 1981). The number of malpractice suits is also an indication that consumers' attitudes toward professionals have changed from those of clients who entrust themselves to experts to those of customers who buy a 'product' and want value for money (Haug, 1980). The growth of consumerism is also illustrated by the increasing number of consumers who look for substitute or alternative services. This is particularly true in health services where the patronage of chiropractic, naturopathy or acupuncture has never been so great.

### **Technological Change**

Another challenge, some say the greatest (Evans, 1979), may come from the use of micro-computers. The existence of professional monopolies has always been justified by the dangers to the public of allowing untrained and unqualified persons to offer services requiring expert knowledge. The advent of cheap and powerful micro-computers may destroy this justification and fill the knowledge gap that has so far separated professionals and their clients. Consumers' dependence on professional advice will decline and their capacity to deal with experts on an equal-to-equal basis will increase. The market for accounting, legal, even medical services will change

rapidly and dramatically for professionals. Accountants might lose the market of individuals and small firms, computerized legal research is already available and computer assisted — diagnosis is likely to transform the role of medical practitioners. Computers will do much to demystify the work of professionals and will bring the legitimacy of perpetuating their monopoly privileges into question.

### **The 'Revolt of Subordinates'**

A third threat which professions will have to deal with is that of the efforts of their subordinates to become autonomous. Groups like nurses, dental hygienists, physiotherapists and others have started campaigns to free themselves from the control of the 'dominant professions'. This control has traditionally taken the form of work on prescription, certification and legal restrictions on work autonomy. For example, dental therapists in England and Australia are not allowed to work outside public institutions. The law also specifies that they are to work only under the supervision of a dentist. Nurses in the United States and Canada now claim that they should be allowed to have their own professional territory, distinct from that of physicians. In recent years, they have succeeded in upgrading their training to university level, having thus freed themselves from medically-controlled hospital training. In dentistry, dental technicians who make and repair dentures, have gained the right to offer their services directly to the public in most American States, in Canada, and in three Australian states. Dental hygienists now want to be permitted to do fillings and simple extractions in addition to their preventative functions. They argue that their training is appropriate to such tasks and that their services would be much cheaper than those of dentists. In times of financial austerity, such demands are likely to find support among consumers and governments alike. Another dimension of the 'revolt of subordinates' is that it is also a gender issue: professions are predominantly male and subordinate occupations, female. The superimposition of conflicts between subordinates and superordinates, and between women and men, will make the task of defending their position even more arduous for the professions.

### **State Interventionism**

Finally, the relationship between the State and the professions has changed from one of almost absolute trust to one of suspicion in recent years. Whereas the status of professional monopolies was hardly questioned before the 1960's, since, a wave of official inquiries, in different countries,

has led to a review of monopoly privileges. Two examples from North America illustrate this point. In Québec a review of legislation regulating professional monopolies was made as part of a reform of health and social services in the early 1970's (Commission of Enquiry on Health and Social Welfare, 1970). As a result a *Code of Professions* was adopted in 1973 to define the privileges and obligations of 38 professions. Privileges included the exclusive right to use certain titles and the exclusive right to perform certain tasks: 17 professions were granted a reserved title and 21 a monopoly of practice. The *Code* states clearly that these privileges are granted for the protection of the public and lists a number of obligations deemed to ensure that the public is effectively protected. These obligations include the duty for a professional corporation to adopt a code of ethics, to establish a conciliation and arbitration procedure to deal with complaints relative to accounts, to organize periodic inspection of their members' records, equipment and practice premises, and to create an indemnity fund in those cases where members are called upon to hold sums of money or other securities for the account of their clients. In addition, the *Code* provides for the creation of a supervisory 'Board of Professions' to act as a watchdog. The Board has both the *duty* to ensure that professions protect the public and the *power* to substitute itself for any profession which fails in its legal obligations. In its first ten years of activities, the Board has hardly had to use this power: its strategy has been to negotiate and to press reluctant professions to abide by the letter and the spirit of the law. A systematic evaluation of the reform of professional legislation has yet to be made, but it is clear that professions, albeit reluctantly, have made great efforts to justify their privileges, not only in words as before, but in deeds.

In the United States, more than half of all states have adopted laws to set a time-limit to the recognition of professional privileges (Rubin, 1980). These 'sunset laws' prescribe a periodical review of the status of regulatory bodies such as professional boards and include provisions for their partial or complete abolition if their performance fails to measure up to their obligations to safeguard the interests of the public. These laws are only one illustration of the deregulation mood that is sweeping North America: professional monopolies are high on the list of deregulators and their future looks rather uncertain.

### Endogeneous Changes

The impact of these changes is enhanced by endogeneous changes which are likely to weaken the professions' capacity, to resist external threats to their power position. Until the Second World War most profes-

sions were very homogeneous groups of middle class, male, private entrepreneurs. There was very little internal segmentation. In the last four decades, the professions have become highly segmented into sub-groups with their own associations, schools, journals and so on; these groups often pursue conflicting interests and, as a result, the professions are more prone to internal divisions. Segmentation occurred as the professions grew in size and as their members specialized. Also their members are now recruited from more diverse backgrounds and the proportion of women and that of salaried practitioners have dramatically increased. These sub-groups find it difficult to share common interests; ideological differences have become more clear-cut and professions can seldom reach unanimity on important issues. A recent example is that of the medical profession in Australia which was deeply divided on the introduction of medical insurance in early 1984 (Hunter, 1984). In some cases, internal segmentation is also enhanced by the formation of trade-unions or union-like associations to represent different sections of the profession. This is the case regarding the medical profession in Quebec, where doctors have formed distinct associations to represent general practitioners, specialists and salaried doctors.

In addition to increasing internal segmentation, most professions are also faced with overcrowding (not so much in Britain, thanks to the radical cuts in numbers of University places since the mid-1970's). This is explained partly by the slower growth of the population and partly by the changing nature of the demand for professional services. The growth-rate of professions far exceeds that of the population which is very low in western countries and, as a result, surpluses of manpower are building up rapidly<sup>2</sup>. The nature and volume of demand for certain services have also contributed to create a surplus of manpower in certain professions. Two examples can be cited: the reduced incidence of disease in dentistry (Allukian, 1982) and the introduction of no-fault automobile insurance and the creation of courts where representation by lawyer is not allowed, in the area of legal services. As a result of overcrowding: more requests are made by some professionals to relax restrictions on competition; there are challenges to the leadership of professional associations by young members who feel that their interests differ from those of their leaders; and there is more overservicing, which in turn will bring professions under criticism and lead to demands for a review of their monopolistic status (OPIT, 1983).

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<sup>2</sup> One extreme example is that of U.S. lawyers whose number increased from 355,000 in 1970 to 662,000 at the end of 1983: there are now 2.67 lawyers per 1,000 population in the U.S.A., compared to 1.0 in England and Wales, 1.6 in Canada, 0.57 in West Germany and 0.10 in Japan; *Forbes*, 16/1/1984.

## CONCLUSION

I have argued that the capacity of professions to retain their monopoly privileges and connected status was related to the continuance of the support of powerful and credible professional associations, clients, influential social groups and institutions as well as the State. Support from each of these sources has weakened and is likely to continue to do so if present trends are maintained. The strength of professional associations is decreasing as internal segmentation and overcrowding develops. The credibility of professionals, which is based in good part on their expertise, will also decrease as micro-computers reduce the knowledge gap between professionals and clients. The loyalty and compliance of clients cannot be taken for granted any more in societies where consumerism is highly developed. The support of the State and other institutions and groups, such as universities or political parties, is more difficult to obtain because professions now have to compete with vocal subordinate occupations for it. The claims of subordinates and other competitors have particularly good chances of being accepted in this period of financial constraints when consumers and governments are increasingly concerned with the cost of professional services.

That is not to say, however, that all professional monopolies are doomed. As more accountability is required from professions, some of them will fail to demonstrate that their privileges serve the public interest. These might see some or all of their privileges repealed. I would suggest that lawyers and accountants are particularly vulnerable in that respect. In some areas where deregulation has obvious limits, such as health services, professional monopolies are less likely to be abolished. Nevertheless, the privileges of doctors and dentists might be reviewed. No one really wants to go back to the pre-regulation days when anyone could put a brass-plate on his door and claim to practice medicine or dentistry without any training or qualification. The quality of medical and dental services has certainly increased substantially after the prohibition of unregistered practice and the rise of training standards. These benefits should be retained. On the other hand, it is less evident that benefits accrued from doctors' and dentists' campaigns to exclude alternative practitioners or lesser trained personnel from certain areas of practice. Their justification was that their expertise was unique and that no substitute existed, hence the legitimacy of their monopoly privileges. This position is less and less tenable and the challenge to it could lead to a limitation of these privileges and subsequently to a loss of status.

It must be remembered, however, that professionalization is a 'historically specific process' (Johnson, 1972) which is contemporaneous of the industrial revolution. Now that we have entered the information revolution, only time will tell if professions can pass the test of adaptation or not.

**BIBLIOGRAPHY**

- ALLUKIAN, M., «Dentistry at the Cross-Roads», *American Journal of Public Health*, vol. 72, 7, July 1982, pp. 653-654.
- BENGUIGI, G., «La définition des professions», *Épistémologie sociologique*, vol. 13, 1, Sept. 1972, pp. 99-113.
- BERLANT, J., *Profession and Monopoly*, Beverley, University of California Press, 1975, 337 pages.
- DUSSAULT, G., *The Professionalization of Dentistry in Britain: A Study of Occupational Strategies, 1900-1957*, Ph.D. Thesis (Sociology), University of London, 1981, 377 pages.
- DUSSAULT, G. and A. SHEIHAM, «Medical Theories and Professional Development», *Social Science and Medicine*, vol. 16, 15, Aug. 1982, pp. 1405-1412.
- ECKSTEIN, H., *Pressure Group Politics: The Case of the British Medical Association*, London, Allen and Unwin, 1960, 168 pages.
- EVANS, C., «The Decline of the Professions», in *The Mighty Micro: The Impact of the Micro-Chip Revolution*, London, Hooder and Stoughton, 1979, pp. 110-128.
- (a) FREIDSON, E., *Profession of Medicine*, New-York, Dood, Mead and Company, 1970, 409 pages.
- (b) FREIDSON, E., *Professional Dominance*, New-York, Atherton Press, 1970, 242 pages.
- FREIDSON, E., «The Theory of Professions: the State of the Art», in R. Dingwall, P. Lewis (Ed.), *The Sociology of the Professions*, London, MacMillan, 1983, pp. 19-37.
- FRIEDMAN, M., «Occupational Licensure», in *Capitalism and Freedom*, Chicago, Chicago University Press, 1962, pp. 137-160.
- GILB, C., *Hidden Hierarchies: The Professions and Government*, New-York, Harper and Row, 1966, 307 pages.
- GYARMATI, G., «The Doctrine of the Professions: The Basis of a Power Structure», *International Social Science Journal*, vol. 27, 4, 1975, pp. 629-654.
- HAUG, M., «The Sociological Approach to Self Regulation», in R.D. Blair and S. Rubin, (ed.), *Regulating the Professions*, Lexington, Mass., Lexington Books, 1980, pp. 61-80.
- HUGUES, E.C., *The Sociological Eye: Selected Papers*, Chicago, Aldine-Atherton, 1971, 584 pages.
- HUNTER, T., «Medical Politics», *Australian Society*, 1 Feb., 1984, pp. 10-12.
- JACKSON, J.A., *Professions and Professionalization*, London, Cambridge, University Press, 1970, 220 pages.
- JOHNSON, T.J., *Professions and Power*, London, MacMillan, 1972, 96 pages.
- JOHNSON, T.J., «The Professions in the Class Structure», in R. Scase (ed.), *Industrial Society, Class Cleavage and Control*, London, Allen and Unwin Ltd., 1977, pp. 93-110.

- KLEGON, D., «The Sociology of Professions: An Emerging Perspective», *Sociology of Work and Occupations*, vol. 5, 3, Aug. 1978, pp. 259-283.
- KRONUS, C., «The Evolution of Occupational Power», *Sociology of Work and Occupations*, vol. 3, 1, Feb. 1976, pp. 3-37.
- LARKIN, G.K., «Professionalism, Dentistry and Public Health», *Social Science and Medicine*, vol. 14, 3, Feb. 1980, pp. 223-229.
- LARKIN, G.K., *Occupational Monopoly and Modern Medicine*, London, Tavistock, 1983, 212 pages.
- LARSON, M.S., *The Rise of Professionalism*, Berkeley, University of California Press, 1977, 309 pages.
- McKINLAY, J.B., «The Business of Good Doctoring or Doctoring as a Business», *International Journal of Health Services*, vol. 7, 3, 1977, pp. 459-483.
- NIEUWENHUYSEN, J. and M. WILLIAMS-WYNN, *Professions in the Marketplace*, Melbourne, Melbourne University Press, 1982, 90 pages.
- OPIT, L.J., «Wheeling, Healing and Dealing: The Political Economy of Health Care in Australia», *Community Health Studies*, vol. 7, 3, Oct. 1983, pp. 238-246.
- PARKIN, F., *Marxism and Class Theory: A Bourgeois Critique*, London, Tavistock, 1979, 217 pages.
- PARSONS, T., «The Professions and Social Structure», *Social Forces*, vol. 17, 4, 1939, pp. 457-468.
- QUÉBEC (PROV.), Commission of Enquiry on Health and Social Welfare, *The Professions and Society*, Québec, Official Publisher, 1970, 102 pages.
- QUÉBEC (PROV.), Régie de l'Assurance-maladie du Québec, *Statistiques Annuelles 1982*, Québec, Official Publisher, 1983.
- RUBIN, S., «The Legal Web of Professional Regulation», in R.D. Blair and S. Rubin (ed.), *Regulating the Professions*, Lexington, Mass., Lexington Books, 1980, pp. 29-60.
- SACKS, M., «Removing the Blinkers: A Critique of Recent Contributions to the Sociology of Professions», *Sociological Review*, vol. 31, 1, Feb. 1983, pp. 1-21.
- SHEIHAM, A. and S.H. CROOGH, «The Psychosocial Impact of Dental Diseases on Individuals and Communities», *Journal of Behavioral Medicine*, vol. 4, 3, Sept. 1981, pp. 257-272.
- WILLIS, E., *Medical Dominance*, Sydney, Allen and Unwin Ltd., 1983, 235 pages.
- WORLD HEALTH ORGANIZATION, *Self-Help and Health: Report on a WHO Consultation*, Geneva, WHO, 1981, 19 pages.

## *L'avenir des monopoles professionnels*

Cet article est une analyse sociologique de la position des professions, plus précisément des occupations dont les membres ont le monopole de la production de certains biens et services, comme les médecins, les dentistes, les avocats, les comptables et les ingénieurs, dans la division sociale du travail. Depuis plus d'un siècle, ces professions ont occupé une position avantageuse qui leur a permis de contrôler les activités des autres occupations qui offrent des services dans le même secteur de production et ont joui de privilèges qui ont été refusés aux autres producteurs. Par exemple, elles ont obtenu, pour leurs membres, un monopole légal de l'exercice de certaines activités; on leur a aussi permis d'empêcher la compétition entre leurs membres par des mécanismes comme l'établissement de grilles tarifaires et l'interdiction de la publicité.

En s'inspirant de la littérature récente sur l'émergence du professionnalisme dans les sociétés occidentales, l'auteur fait valoir que la capacité des professions de conserver leurs privilèges monopolistiques et leur position dominante dans la division du travail est associée au support qu'elles reçoivent de quatre sources: de l'intérieur, d'associations fortes et crédibles, et de l'extérieur, de leur clientèle, de groupes sociaux et d'institutions influents, et de l'État de qui leurs privilèges de monopole émanent. Selon l'auteur, le support venant de chacune de ces sources s'est affaibli récemment et est susceptible de continuer à s'affaiblir si certaines tendances observées se maintiennent.

D'abord, les professions sont moins homogènes et plus segmentées depuis une ou deux décennies; la croissance de leurs effectifs s'est accélérée au point de créer des surplus dans certains cas; l'origine sociale de leurs membres s'est diversifiée; les femmes et les salariés sont plus nombreux parmi eux. Des associations représentant des sous-groupes aux intérêts souvent conflictuels se partagent maintenant l'allégeance des professionnels et leurs divergences réduisent l'influence et l'efficacité des professions comme groupes de pression. Les changements techniques, en particulier ceux qui sont issus des développements de la micro-électronique et de ses applications, accroissent l'information directement accessible aux profanes et sont ainsi susceptibles de réduire l'écart qui les sépare des experts que sont les professionnels. Mieux informés et devenus plus critiques avec la montée du consommérisme, les clients des professionnels ne leur accordent plus leur loyauté et leur support aussi aisément qu'au paravant. Enfin le support de groupes et institutions comme les universités, les compagnies d'assurance ou les partis politiques ainsi que celui de l'État est plus difficile à conserver, compte tenu de la compétition que subissent les professions, de la part de leurs subordonnés, à ce niveau. En effet, de nombreux groupes comme les infirmier(e)s, les hygiénistes dentaires, et d'autres qui jusqu'ici s'étaient contentés d'un statut auxiliaire, cherchent de plus en plus à devenir autonomes et indépendants des professions traditionnelles. Ils font valoir la qualité de leur formation ainsi que les économies que représenterait l'élargissement de leur champ de responsabilité aux dépens de celui des professionnels: dans un contexte de faible croissance économique, ce genre d'argument est bien reçu par les consommateurs et les gouvernements.



Ceci n'implique pas pour autant que les monopoles professionnels sont en voie de disparition. Cependant, les groupes qui jouissent de privilèges monopolistiques devront dorénavant faire la démonstration claire que ces privilèges servent les intérêts du public, s'ils espèrent les conserver. Ces privilèges ont été obtenus à une époque, celle des débuts de l'industrialisation, où l'éducation n'était accessible qu'à une minorité, où l'État n'était pas présent dans les secteurs occupés par les professions et où il y avait peu de groupes organisés pour faire compétition aux professions. À l'aube de la révolution informationnelle, il reste à voir si le professionnalisme pourra survivre dans la forme qui a été la sienne depuis le milieu du XIXe siècle.

# TRAVAIL ET SOCIÉTÉ

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